

**CDBG/HOME SECTION 106 CLEARANCE**  
**NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS**  
SFN 52654 (04/04)

**THIS FORM MUST BE SUBMITTED TO THE SHPO FOR SECTION 106 DETERMINATIONS**

**Project Description:** (use attachment if necessary)

**Location:** Rural Areas: Township \_\_\_\_\_, Range \_\_\_\_\_, Section \_\_\_\_\_, ¼ Section \_\_\_\_\_

Cities - Street Address \_\_\_\_\_  
(Only if there is no street system, use lot, block and addition (never USPS Box #, Route #, etc.))

**Attach Map:** Plot APE on map (city map or USGS topographic map for rural areas): Attached: \_\_\_\_\_ (check)

**Areas Indirectly Affected:** Attached location and maps for affected areas outside APE, (i.e., borrow sources, disposal areas, relocation sites, facilities to be abandoned, etc.)

**Year Built:** \_\_\_\_\_ (use the oldest part of the building, do not give age as "50"+)

**Requirements for buildings/structures 50+ years or if age unknown:**

**35mm photos:** Take obliquely (showing front & side) of each building/structure. If rehabilitation is involved, send photo close-ups of affected areas such as windows or doors. Send actual photos, not photocopies. \_\_\_\_\_ (check)

**Historic Associations:** Describe associations between the property and any persons/events of historic significance.  
List references (local historian, centennial book, etc.)

**Based on the information collected, the type of SHPO concurrence you are requesting (check one only):**

- ☐ No Historic Properties Affected
- ☐ No Adverse Effect (If rehab of historic properties will occur, review the Secretary of Interiors Standards for Rehabilitation of Historic Properties prior to developing a work plan. Note - For Historic Properties, a No Adverse Effect determination requires conforming with the Secretary of Interiors Standards.)
- ☐ Adverse determination Effect (A MOA will be prepared)

SHPO Response:

**Additional Information:** Send additional information relevant to the Section 106 determination. If the project involves properties listed on, or eligible for the National Register, additional information may be required.

Send form with all attachments to: Merl Paaverud  
ND SHPO  
612 E. Boulevard Ave.  
Bismarck, ND 58505-0830

**Form should be returned to:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date